

Application Data Sheet

Application Information

Application number::
Filing Date:: 11/13/03
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??::
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: OPHTHALMIC LIPOSOME COMPOSITIONS
AND USES THEREOF
Attorney Docket Number:: 020681-000410
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: Yes
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Netherlands
Status:: Full Capacity
Given Name:: Hans
Middle Name::
Family Name:: Hofland
Name Suffix::
City of Residence:: Foster City
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 126 Albacore Lane
City of Mailing Address:: Foster City
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94404

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Juliet
Middle Name::
Family Name:: Bongianni
Name Suffix::
City of Residence:: Sonoma
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 18478 Happy Lane
City of Mailing Address:: Sonoma
State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 95476

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Tobias

Middle Name::

Family Name:: Wheeler

Name Suffix::

City of Residence:: Sebastopol

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 7402 Palm Avenue

City of Mailing Address:: Sebastopol

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 95472

Correspondence Information

Correspondence Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This Application An Appn claiming
benefit under 35 USC
119(e) of 60/426,501 11/15/02